

**FISCAL YEAR 2007
MASSACHUSETTS LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
STANDARDIZED APPLICATION ITEMS**

**THIS IS NOT AN OFFICIAL APPLICATION
APPLICANTS MUST CONTACT A LOCAL LIHEAP (FUEL ASSISTANCE) AGENCY**

The following information must be collected from each household.

HOUSEHOLD INFORMATION

- + Agency Name
- + Application Number
- + Application Type: (optional, if the information is already available)
- + New or re-certification (# of years in LIHEAP program)
- + Do you speak and understand English? (Yes, No) If "No" which language(s) do you speak and understand?

The following information must be collected for each member of a LIHEAP household, including the "Head of Household".

INDIVIDUAL INFORMATION

- + Name: (Last), (First), (MI)
- + Date of Birth: (MM/DD/YYYY)
- + Age: (0 - 12 months or Years)
- + Gender: (Male, Female)
- + Social Security Number: (all nine digits)

Total gross income (before taxes) and income source (in dollars for four consecutive weeks for all adult members (age 18 or over) of households, including the Head of Household).

INCOME SOURCE(S)

- + No Income ("0" Income) – if yes, attach a completed copy of Low Income/No Income Form
- + Wages (including bonuses, tips, overtime, strikers benefit)
- + Net Self-Employment Income – if yes, attach tax forms (request business equity information if gross receipt(s)/revenue exceed: \$_____).
- + Social Security
- + Supplemental Security Income (SSI)
- + Transitional Assistance for Needy Families (TANF)
- + Emergency Aid to Elderly, Disable, and Children (EAEDC)
- + Unemployment Benefit
- + Veterans Benefit
- + Retirement/Pension Income and Annuities
- + Workers Compensation (including temporary disability insurance payments)
- + Interest Income/Dividends (if yes, provide information on the following and supply the most recent statement):
 - ☐ Savings Account ☐ Checking Account ☐ Certificate of Deposit (CD)
 - ☐ Stocks/Bonds ☐ Trust Fund ☐ Pension/retirement funds/IRA
 - ☐ Inheritance Fund

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- ✦ Rental Income (less allowable deductions)
- ✦ Alimony/Child Support
- ✦ Odd Jobs Employment Income

- ✦ Other Income (including but not limited to royalties, regular lottery payments, regular insurance payment, regular on-going cash support given to or on behalf of a household by others, stipends, fellowships and other types of financial support used for maintenance, estate or trust income, housing allowances, or any other payment considered income).

- ✦ Income from lump sum receipt(s):
 - ☐ Stocks/Bonds/CDs ☐ Capital Gain ☐ Royalties ☐ Inheritances
 - ☐ Insurance Payments (excluding third party and life insurance payments)
 - ☐ One time Alimony or Child Support (paid in lump sum in lieu of monthly payments)
 - ☐ Pension/retirement funds/IRA withdrawal (only applies to people who are 59 ½ years or older)
 - ☐ Lottery winnings

Exclusions:

Tax refunds; Earned Income Tax Credits (EITC); proceeds from surrendering the cash value of a life insurance policy; life insurance payments; third party insurance payments; cancelled debt; proceeds from a loan; research grants; pension/retirement funds/IRA withdrawals (only applies to people who are under 59 ½ years).

RACE AND ETHNICITY

Race and Ethnicity information must be collected from all members of LIHEAP households.

- ✦ Hispanic
- ✦ Non-Hispanic

- ✦ American Indian or Alaskan Native
- ✦ Asian
- ✦ Black or African American
- ✦ Hawaiian or Pacific Islander
- ✦ White
- ✦ Other

- ✦ Multi-Race (Optional – two or more races)

EDUCATION LEVEL OF ADULTS (FOR PERSONS AGE 24 AND OLDER)

- ✦ 0 – 8th grade
- ✦ to 12/non-graduates
- ✦ High School graduate
- ✦ Some post secondary
- ✦ 2 or 4 year college graduate

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OTHER CHARACTERISTICS

Heath Insurance Type

- Private
- Medicaid
- Medicare
- None

Disability

- Any member of the household is physically or mentally handicapped? (Yes, No)

The following information must be collected from each household

HOUSEHOLD INFORMATION







MAILING ADDRESS

- | | | | |
|---|--|--------|-------------|
| + | Street # and Name | Suffix | Apartment # |
| + | City or Town | State | ZIP Code |
| + | Telephone number (including the Area Code) | | |

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

- | | | | |
|---|--|--------|-------------|
| + | Street # and Name | Suffix | Apartment # |
| + | City or Town | State | ZIP Code |
| + | Telephone number (including the Area Code) | | |

FAMILY TYPE

-  Single Parent/Female
-  Single Parent/Male
-  Two-Parent Household
-  Single Person
-  Two Adults (no children)
-  Other (for choices that are not listed above)

FAMILY SIZE

- Number of people in the household

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HOUSEHOLD QUESTIONS

- + Any member of the household is a Veteran of foreign war? (Yes, No)
- + Any member of the household receives Food Stamps? (Yes, No)
- + Any member of the household participates in Women Infant & Children (WIC) Program? (Yes, No - only applies to agencies that operate a WIC program)
- + Do you receive Foster Care payments? (Yes, No)

HOUSING TYPE

The following are the revised housing type categories:

- + Single Family
- + Condominium
- + Two Family
- + Multi Family (3 or More Family)
- + Mobile Home
- + Other

- + If multi-family, number of units in the building

HOUSING STATUS, SUBSIDY, AND COST OF HOUSING

- + Own
- + Rent
- + Other

If renting, obtain the following landlord information

- + Landlord's Name
- + Landlord's Address (Street # and Name)
- + City or Town, State, ZIP Code

- + Telephone number (including the Area Code)

- + Live in public or subsidized housing? (Yes, No)
(If "Yes", type of subsidy – HCVP (Section 8), MRVP, AHVP, Chapter 707, other, not known)

- + Housing Cost: \$ (Monthly)
(For LIHEAP purpose, monthly mortgage cost for homeowners must include principal, interest, insurance and real estate taxes). Attach documentation (for all new and "0" income recertified applicants).

Own a real estate property other than your primary home where you currently reside? (Yes, No)

If yes, type/use of second home: _____ Assessed value of second home: \$ _ _ _ _ _ . ____
(The definition of real estate property includes vacation home, second home, income properties, etc.)

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Energy Conservation

- + Pay for your own heat? (Yes, No)
- + How do you heat your home? (Oil, Natural Gas, Coal, Kerosene, Firewood, Propane, Electric, Other)
- + Heat included in the rent? (Yes, No)
- + Do you share your heating system? (Yes, No)
- + Does the heating system need repair? (Yes, No)
- + Does your house need Weatherization? (Yes, No)

Supplier Information (as it appears on the bill)

HEATING COMPANY INFORMATION

- + Heating Company's Name:
- + Name on heating bill (if different from applicant's or person applying):
- + Heating account number:

ELECTRIC COMPANY INFORMATION

- + Electric Company's Name:
- + Name on electric bill (if different from applicant's or person applying):
- + Electric account number:

GAS COMPANY INFORMATION

- + Gas Company's Name:
- + Name on gas bill (if different from applicant's or person applying):
- + Gas account number:

REQUIRED ATTACHMENTS

- + Application Instructions
- + Income Calculation Worksheet
- + Low Income/No Income Form (for households whose monthly household income exceeds expenses by up to \$200).